



# **Implementing the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline in Primary Care**

Jointly Sponsored by  
Office of Assistant Secretary of Defense (Health Affairs),  
Department of Veterans Affairs,  
DoD Deployment Health Clinical Center,  
U. S. Army Medical Command,  
U.S. Army Center for Health Promotion And Preventive  
Medicine  
and  
Texas Tech University Health Sciences Center  
Office of Continuing Medical Education



# Objectives

- 1. Identify the rationale for development and implementation of the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline.**
- 2. Identify key elements of the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline.**
- 3. Describe risk communication strategies necessary for the assessment and evaluation of Post-Deployment health concerns.**
- 4. Discuss the DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline metrics.**
- 5. Discuss the use of provider and patient centered Post-Deployment Health Evaluation and Management "toolkit" items.**
- 6. Analyze DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline implementation strategies for use in your setting.**



# **Agenda**

- **Rationale**
- **Clinical Risk communication**
- **Key Elements**
- **Post-Deployment Health (PDH) Performance Metrics**
- **Supporting Tools**
- **Guideline Implementation Lessons Learned:**
  - **BAS, 2<sup>nd</sup> Marine Division**
  - **Naval Hosp., Camp Lejeune**
  - **Womack AMC, Ft. Bragg**
  - **305<sup>th</sup> MDG, McGuire AFB**



# **Post-Deployment Guideline Clinical and Admin Support:**

**PDHealth.mil**

## **Broadcast Phone & FAX In Questions:**

**Phone: 800-527-1401**

**Fax: 888-361-4011**



# **DoD and VA Guideline Websites:**

**[cs.amedd.army.mil/qmo](http://cs.amedd.army.mil/qmo)**

**<http://www.oqp.med.va.gov/cpg/cpg.asp>**



# Rationale

- Improvement of Post-Deployment health care
- Based on Institute of Medicine (IOM) recommendations:
  - that post-deployment care be focused at the primary care level, rather than in a separate specialty clinic, in order enhance the continuity of care and to foster an ongoing therapeutic relationship between the provider and patient.
  - that standardized guidelines for screening, evaluating, and treating patients with deployment related health concerns be developed.



# **CCEP Transition**

- **CCEP transitions to CPG**
- **CCEP Hotlines**
  - **DOD-CCEP 1-800-796-9699**
  - **VA-CCEP 1-800-749-8387**
- **FAQ available at:**  
**[www.pdhealth.mil](http://www.pdhealth.mil)**



# **Risk Communication**

***A science-based approach for communicating effectively in:***

- **High concern**
- **Low trust**
- **Sensitive or**
- **Controversial situations**

**Communication**

**Vincent Covello, Center for Risk**





# ENVITE

- ***Empathy***
- ***Non-confrontational***
- ***Validate***
- ***Inform***
- ***Take action***
- ***Enlist cooperation***



# **'E' NVITE**

## **Empathy**

- Listen actively**
- Confirm what you hear**
- Express Concern**
- Convey genuine desire to assist.**



# **E 'N' VITE**

## **Non-Confrontational**

- **Subordinate the need to be “right” to the obligation to relieve suffering**
- **Never argue**



# EN 'V' ITE

## Validate

- **Validate the patient's decision to seek care**



# ENV 'I' TE

## Inform

- Offer data followed by a short “sound bite” that addresses patient specific concerns



**“The acknowledgement of uncertainty does not erode trust and confidence in leaders; rather, it fosters confidence in the reliability of information deemed to be more certain and valid.”**

**--- Institute of Medicine. Strategies  
to  
Protect Deployed Forces. 2000**



# ENVI 'T' E

## Take Action

- **Describe options**
- **Schedule a follow-up**
- **Refer to [www.pdhealth.mil](http://www.pdhealth.mil)**
- **Consider consultation or second opinion**



# **ENVIT 'E'**

## **Enlist Cooperation**

- Negotiate an action plan with the patient rather than imposing one on him or her**





# Cooperative Care

- **Goal -- patient & provider *collaborate* in joint effort to *activate* positive health-related behaviors**
- **Parties *negotiate* behavioral goals**
- **They *monitor* progress using behavioral indices (e.g., symptom reports, quality of life estimates, or capacity to function and fulfill roles)**
- ***Follow-up is valued*, planned, systematic**



# **PDH Key Elements**

1. Identify if health concern prompting today's clinic visit are related to a past deployment:
  - **Ask screening question: *Deployment related? Yes / No / Maybe.***
  - **Establish partnership with patient (Principles of risk communication).**
  - **Evaluate patient and research exposures.**
  - **Document post-deployment concern in chart and ADS.**
  - **After visit, research exposure/concern; consult [www.PDHealth.mil](http://www.PDHealth.mil).**



# PDH Key Elements

2. Triage patients and seek to reach a working diagnosis on *follow-up visits*.
  - **Perform evaluation of history, ancillary tests, assessments, records.**
  - **Identify the type of patient's problem:**
    - ***Asymptomatic Concerned***
    - ***Established Diagnosis***
    - ***Medically Unexplained Physical Symptoms***
  - **Document in chart and ADS.**



# PDH Key Elements

3. Manage *asymptomatic patients* with health concerns
  - **Provide reassurance & education (risk communication).**
  - **If concern persists, re-evaluate and consider consults.**
  - **Document in chart and ADS.**



# PDH Key Elements

4. Manage *patients with established diagnoses*
  - **Treat under relevant disease management guideline.**
  - **Provide patient education.**
  - **Collaborate with DHCC as indicated.**
  - **Follow-up with patient per disease-specific guideline or as appropriate.**
  - **Document diagnosis in chart and ADS.**



# PDH Key Elements

5. Manage *patients with unexplained symptoms*
  - **Re-evaluate; consult with colleagues.**
  - **Reinforce patient-clinician relationship.**
  - **Provide information about unexplained symptoms.**
  - **If acute or progressive symptoms, conduct further studies as appropriate.**
  - **Consider collaboration with the DoD Deployment Health Clinical Center via phone, e-mail.**
  - **Follow-up with patient as indicated.**
  - **Monitor changes in status.**
  - **Document diagnosis in chart and ADS.**

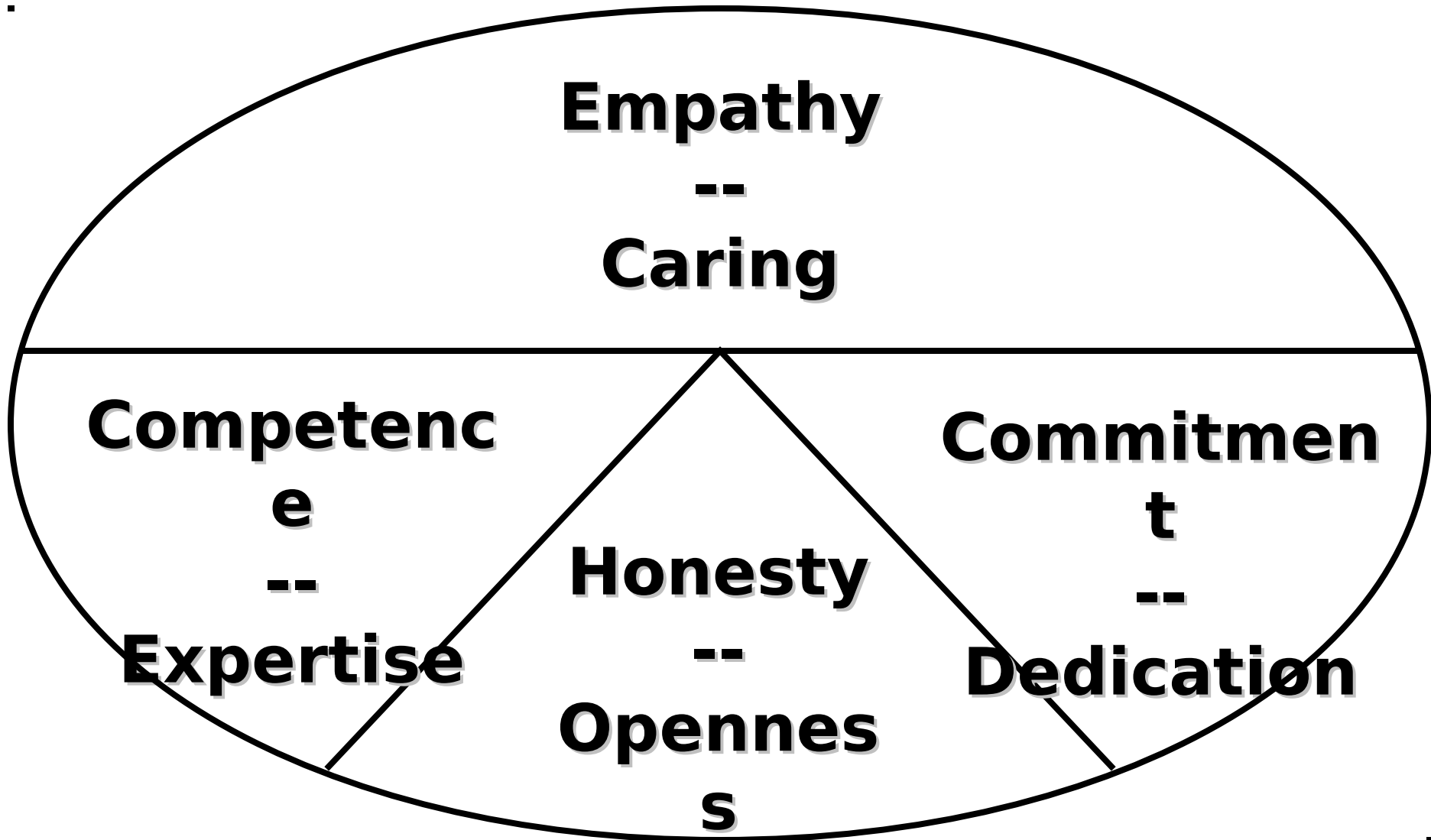


# **Deployment- Relatedness Question:**

## **A Military Unique Vital Sign**



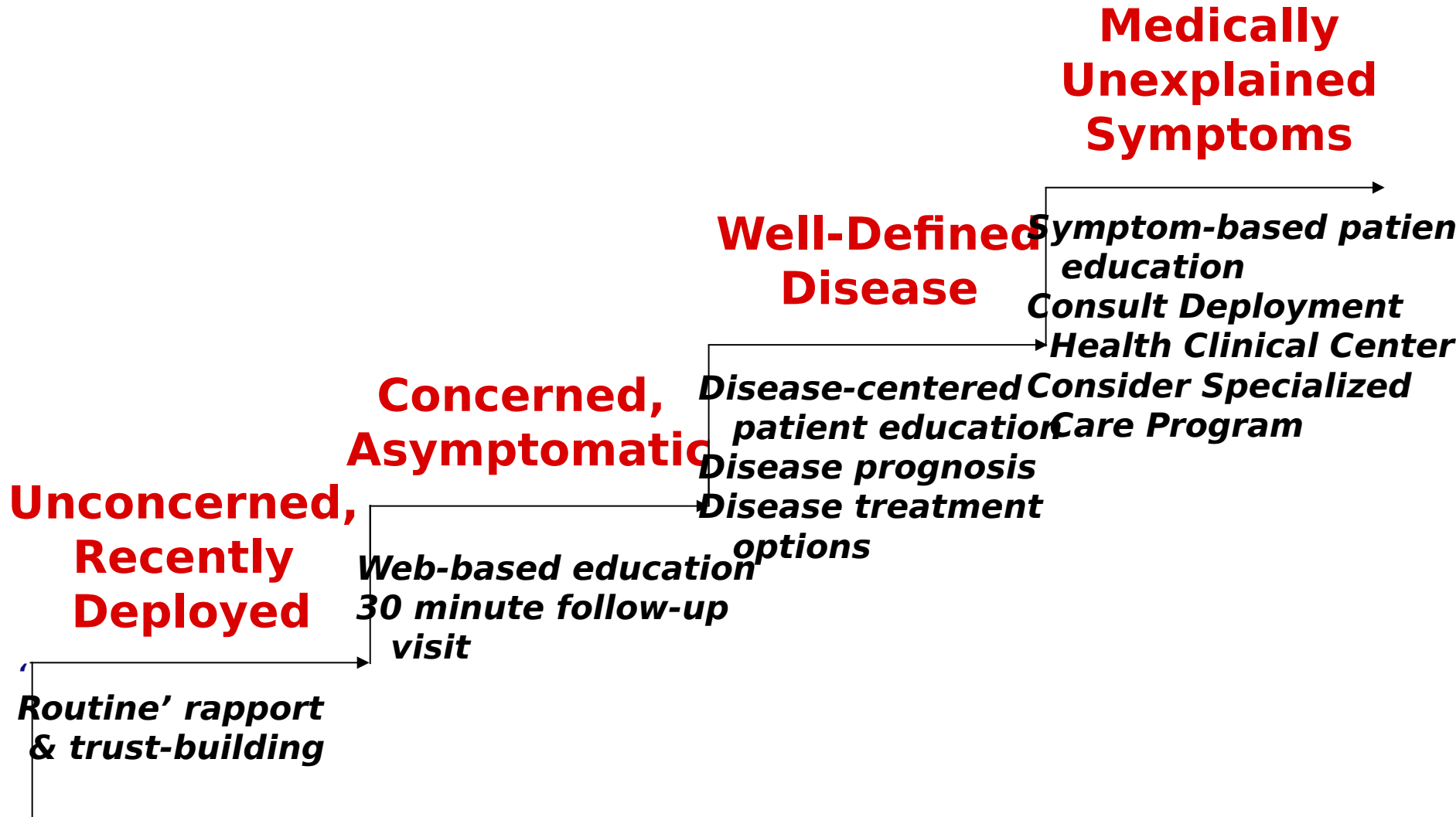
# Components of Trust







# Stepped Risk Communication





# Stepped Risk Communication

**Concerned,  
Asymptomatic**

**Medically  
Unexplained  
Symptoms**

**Well-Defined  
Disease**

**Unconcerned,  
Post-Deployed**

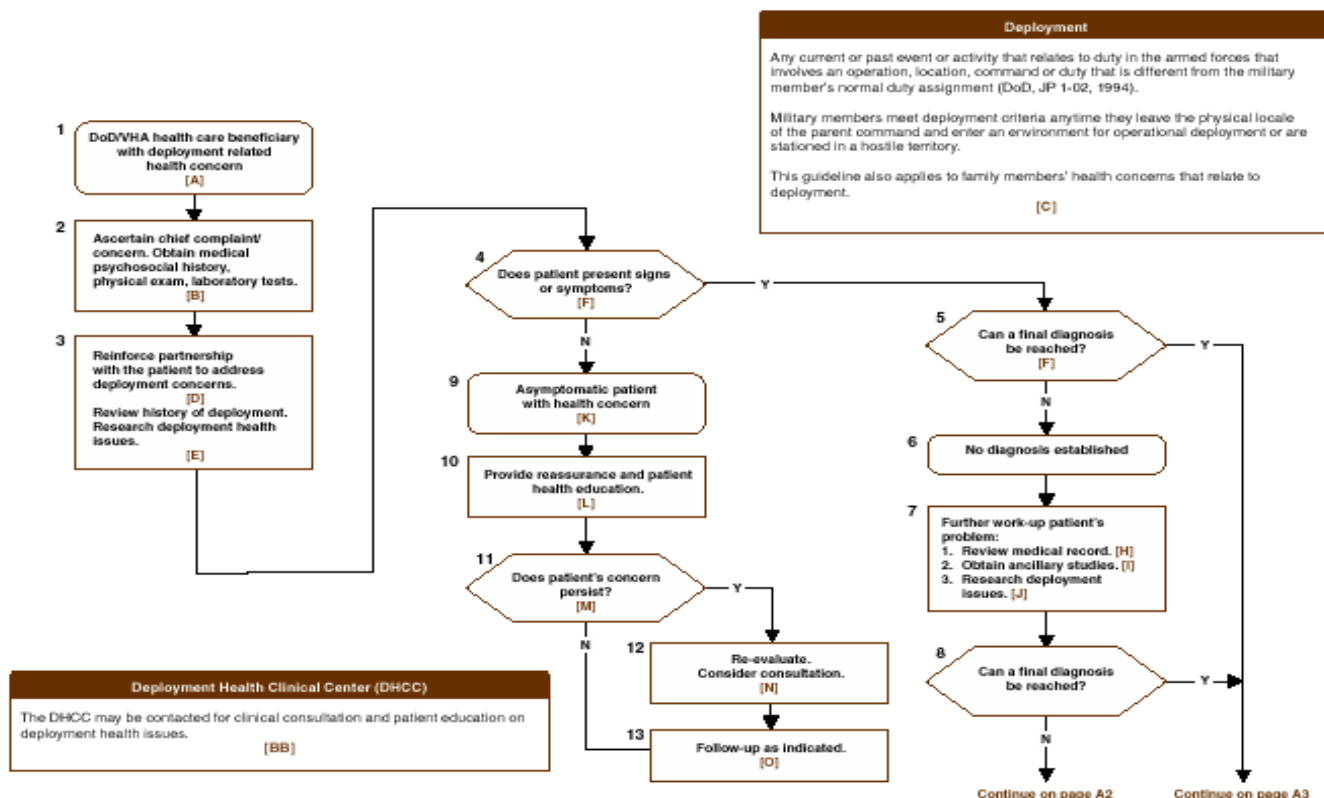
- *Deployment-based patient education*
- *Deployment-based provider education*
- *30 minute follow-on visit*



# Asymptomatic Concerned (Algorithm A1)

+

## Algorithm A1: Post-Deployment Health Concern Evaluation and Management





# Stepped Risk Communication

**Well-Defined Disease**

**Medically Unexplained Symptoms**

**Concerned, Asymptomatic**

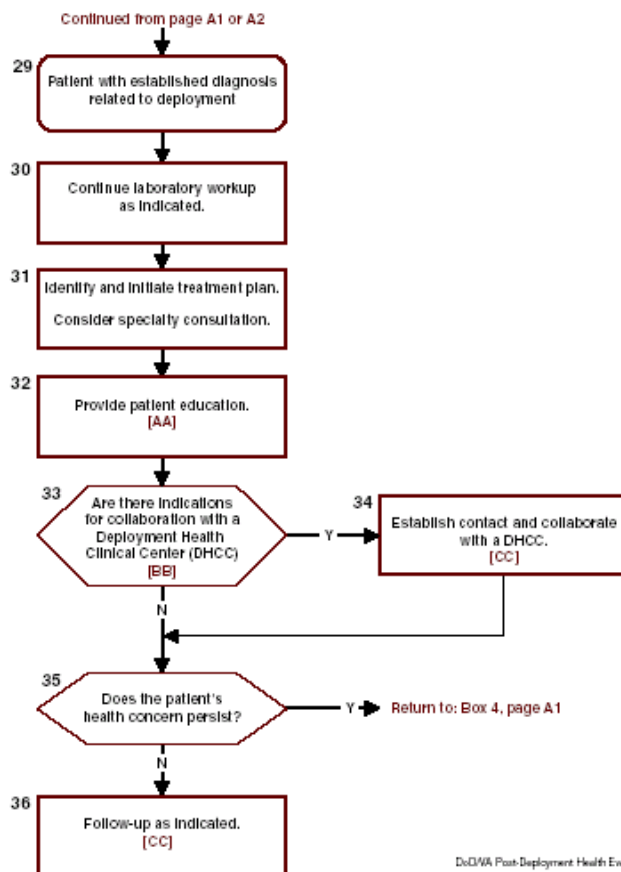
**Unconcerned, Post-Deployed**

- *Disease-based patient education*
- *Disease prognosis*
- *Disease-based treatment options*
- *Disease-based self-care*



# Definitive Diagnosis (Algorithm A3)

Algorithm A3:  
Post-Deployment Health Evaluation and Management





# Stepped Risk Communication

**Medically  
Unexplained  
Symptoms**

**Well-Defined  
Disease**

**Concerned,  
Asymptomatic**

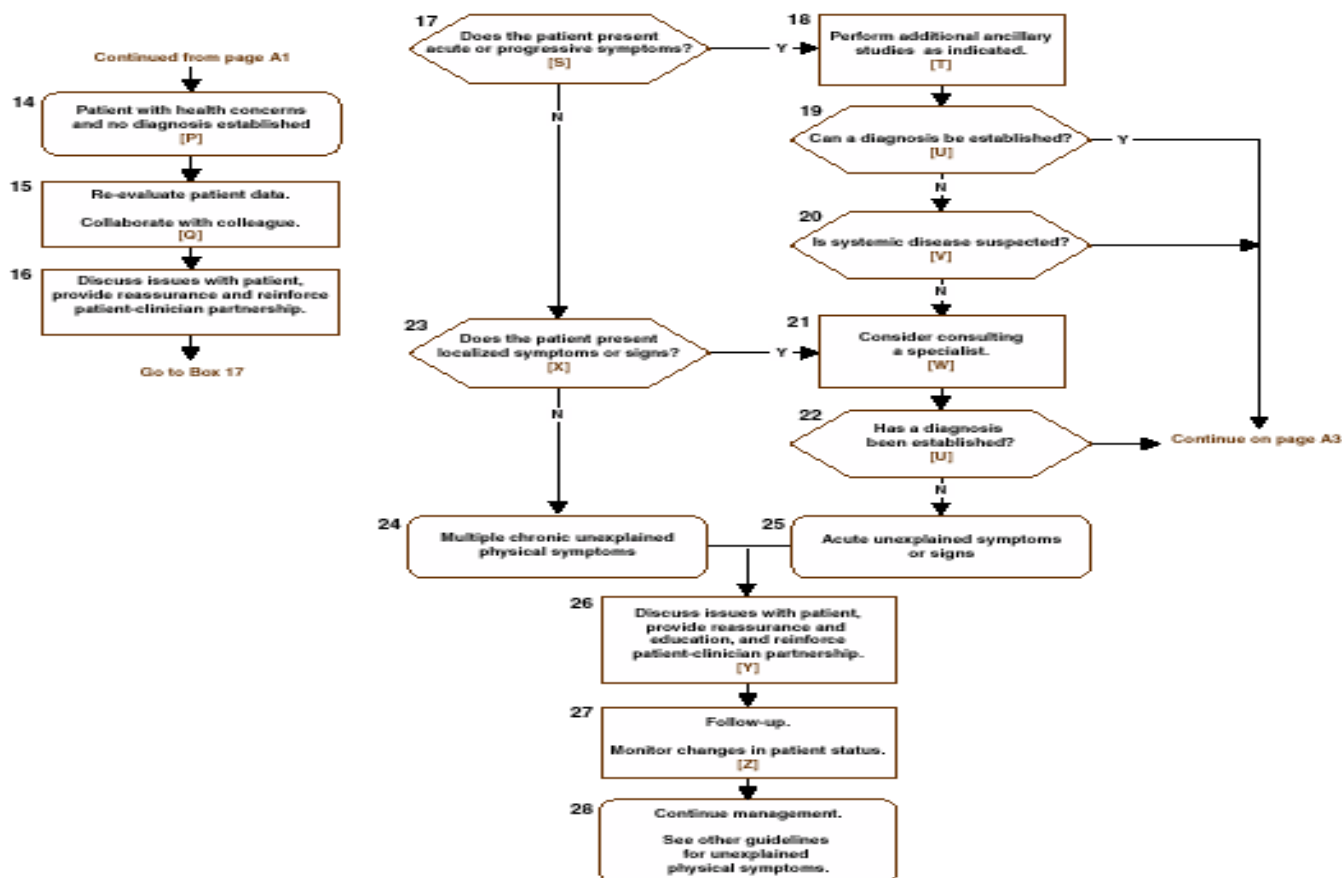
**Unconcerned,  
Post-Deployed**

- *Symptom-based patient education*
- *Intensive symptom-based self care instruction*
- *Consult Deployment Health Clinical Center*
- *Consider Specialized Care Program*



# Medically Unexplained Symptoms (Algorithm A2)

**Algorithm A2:**  
**Post-Deployment Health Evaluation and Management**







# PDHealth.mil

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*PDHealth.mil*

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# **DHCC Consult** **Information**

**Toll Free:** 1 (866) 559-1627

**Phone:** (202) 782-6563

**DSN:** 662-6563

**Fax:** (202) 782-3539

**Website:** [www.PDHealth.mil](http://www.PDHealth.mil)

**E-mail:**

[pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)



# **DHCC Toll Free Number:**

# **866-559-1627**



# **ICD-9-CM Code for Post-Deployment Related Concern:**

**V70.5 6**



# **V70.5 6**

## ***Definition***

- **A visit used to evaluate, clarify, treat, or provide information regarding one or more patient or provider based post-deployment health concerns**
- **This code does not necessarily establish or imply causality between any of the provider's diagnoses and any particular deployment**



# Coding of Post-Deployment Visits

- At each post-deployment visit (primary or specialty care) at least two ICD-9-CM codes must be assigned.
  - **Primary ICD-9-CM Code(s) for the patient with a...**
    - **Asymptomatic Concern = V65.5**
    - **Specific Diagnosis** or Symptom(s) that he/she believes is deployment related = **that diagnosis or symptom code**
    - **Medically Unexplained Physical Symptoms = 799.8** (used only after several visits and appropriate diagnostic evaluation reveals no specific diagnosis for a chronic condition)
  - **ALL Deployment Related Visits** should have **V70.5\_6**, as a **Secondary Code**



# **Post-Deployment Follow-up Visits: Appointment Template**

- **Appt. Type: ROUT**
- **Detail Code: RPD**
  - **Readiness Pre/Post Deployment**
- **Recommend 30 minute duration**



# **Implementation Metrics**

- **Documentation that beneficiary was asked if their visit was related to a deployment**
  - Chart Audit
- **If visit was deployment related, was (Optional) DD Form 2844 used?**
  - Chart Audit
- **If visit was deployment related, was a specialty referral made? (Provider's discretion)**
  - Chart Audit
- **Ambulatory encounters where post-deployment concern ICD-9 code (V70.5 6) was used annotated**
  - Electronic Records
- **Provider Survey**



# **Quality Metrics**

- **Patient Satisfaction with total care received for a post-deployment concern**
  - TRICARE Annual Survey
- **Adequacy of information and resources for patient management with post-deployment concerns.**
  - Provider Survey
- **Medical evaluation after post-deployment health assessment referral (DD Form 2796)**
  - Electronic Record Review
- **Improvement in functional status within 6 months of initial evaluation**
  - DoD Special Study





# **Post-Deployment Tool Kit**

- **Tool Kit Bag with Binder Contains:**
  - Full-Text Guidelines
    - Post-Deployment
    - Medically Unexplained Symptom: Chronic Pain and Fatigue
  - Provider Tools
  - Support Staff Tools
  - Health Care Team Education Tools
  - Patient Tools



# **Post-Deployment Tool Kit**

- **Provider Tools**

- DD2844 documentation form
- Provider Exam Room Cards
  - Key Elements
  - Algorithms
  - Coding hints
- Peer Review Audit Sheet
- Audit forms and clinic surveys that will be used in DoD-level assessments
- Coding Support: KG-ADS, Superbill



# **Provider Exam Room** **Cards**

- Algorithms
- Key Elements
- DHCC Consult Information
- Coding
- Metrics



# **Post-Deployment Tool Kit**

- **Clinic Support Staff Tools**
  - Screening Question Support
    - Information Card
      - How to answer patient questions regarding question
    - Stamp with the deployment related question
    - Instructions in the tool kit binder for placing the deployment related question on the SF600.



# **Post-Deployment Tool Kit**

- **Staff Education Tools**
  - PowerPoint Presentation for both providers and ancillary staff
  - Video of this broadcast
    - (to be mailed to sites receiving tool kits post-broadcast)



# **Post-Deployment Tool Kit**

- **Patient Tools**

- Brochure explaining why we are asking the question
- MUPS self-care brochure
- Reference book: Chronic Illness and Uncertainty
- Poster
- Informational wallet card.



**If you haven't received  
your tool kit by 7 Feb:**

**Notify your Service  
representative via the**

**PDHealth.mil**

**website.**



**Additional tool kits  
items (patient and  
provider tools) can be  
ordered via the**

**PDHealth.mil**

**or**

**cs.amedd.army.mil/Qmo**

**websites *after* 28 Feb.**





# **Broadcast Panel Questions**

**Call-in: 800-527-1401**

**Fax: 888-361-4011**



# **Implementation** **Strategies**

- **Important problem to providers**
  - Leadership
  - Perceived performance gap
- **Multi-disciplinary involvement**
- **Champions**
  - Administrative and Clinical
- **Reminder systems**



# **Implementation Strategies**

- **Patient centered strategies**
- **Clinical process redesign**
- **Interactive small group educational workshops**
- **Measurement and feedback**
- **Use of multiple support strategies**



# **Implementation Checklist**

- **Assessment of Level of Effort**
  - Look at Data
- **Champion Designation**
  - Administrative and Clinical
- **Team Formation**
  - Multi-disciplinary



# **Implementation Checklist**

- **Action Plan Formulation & Implementation**
  - Clinic Process Changes
    - Who needs to do what & when
  - Patient Self-management Education
  - Metrics and Monitoring
  - Rapid-cycle change--PDSA



# Implementation Checklist

- **Action Plan Formulation & Implementation**
  - Healthcare Team Education
    - Guideline Content and Purpose
    - Clinical Process Re-engineering Changes
  - Monitoring



# **Processes Re-Engineering**

- **Screening**
- **Follow-up of positive screens**
- **Coding**
- **Follow-up of PDH patients**



# **Integration into MTF and BAS Processes: Institutionalization**

- **Health Care Team Education:**
  - Orientation
  - Annual Training
  - Credentials Clerk
- **Patient Education**
- **Monitoring:**
  - Peer Review
  - UM/QM
  - Executive Committee & Commander





# Sites

- **Site selection**
  - **High deployment**
  - **Service representation**
  - **Fixed facility and BAS representation**



# **Sites**

- **Family Medicine Clinic, Womack AMC, Fort Bragg**
  - 82<sup>nd</sup> Airborne Division
- **Flight Medicine Clinic, McGuire AFB**
  - 305<sup>th</sup> Air Mobility Wing and 21<sup>st</sup> Air Force and Air Mobility Warfare Center
- **Family Practice Clinic, Naval Hospital, Camp Lejeune**
- **HQ Battalion BAS, 2<sup>nd</sup> Marine Division**
  - 2<sup>nd</sup> Marine Division



# **Focus on Processes**

- **Screening**
- **Follow-up of positive screens**
- **Coding**
- **Follow-up of PDH patients**



# **Broadcast Panel Questions**

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**Fax: 888-361-4011**



**Obtain continuing  
education credit by  
completing the evaluation  
and post-test  
on-line at**

**PDHealth.mil**





# **Post-Deployment Guideline Clinical and Admin Support:**

**PDHealth.mil**



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**[cs.amedd.army.mil/qmo](http://cs.amedd.army.mil/qmo)**

**<http://www.oqp.med.va.gov/cpg/cpg.asp>**



***Improving the quality  
of  
post-deployment health  
care for our Service  
members and Veterans  
and their families!***